



Docket No. 65021/JPW/LEH

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Michael J. Elliott et al.

Serial No. : 08/602,272 Examiner: K. Canella

Filed : February 16, 1996 Group Art Unit: 1643

For : METHODS OF PREVENTING OR TREATING THROMBOSIS WITH TUMOR
NECROSIS FACTOR ANTAGONISTS

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: April 11, 2007

Sir:

Transmitted herewith is an amendment to the above-identified application.

- Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.
- A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.
- No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE		FEE	
				Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	10	* 50 =	*** 0 X	\$25	\$50	=	0
Independent Claims	1	** 4 =	*** 0 X	\$100	\$200	=	0
Multiple Dependent Claim(s) Presented For First Time Yes <input checked="" type="checkbox"/> No				\$180	\$360	=	0
				TOTAL ADDITIONAL FEE \$ 0			

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter
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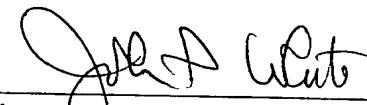
The following are also enclosed:

One additional copy of this Amendment Transmittal Letter
 Return Receipt Postcard
 An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes No
and a fee of \$ included)
 A Petition for an Extension of Time, including a fee of
\$ 2,160.00 for a Petition for 5 Month(s) Extension of Time
 Other (identify): Request for Continued Examination (RCE), including a
fee of \$790.00

THE TOTAL FEE DUE IS \$ 2,950.00.

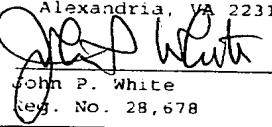
A check in the amount of \$ 2,950.00 is enclosed.
 Please charge Deposit Account No. in the amount of
\$.
 The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:
 Fees under 37 C.F.R. \$1.16 for the presentation of extra claims
Patent application processing fees under 37 C.F.R. \$1.17

Respectfully submitted,



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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.

 4/11/07

John P. White	Date
Reg. No. 28,678	